Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A. Program eligibility

Effective January 1, 2001 implemented Phase III, which covers children from 150% up to 200% of the FPL to cover more children.

B. Enrollment process

Application Center Handbook revised and released April 2001 - placed on departmental Intranet to increase access to accurate information about the application process.

C. Presumptive eligibility - NC

D. Continuous eligibility - NC

E. Outreach/marketing campaigns

1. Back-To-School campaign at 85 locations on August 11, 2001.
2. LaCHIP income flyers distributed to all public school children and many

parochial school children.

3. Provided "Application Assistor" training to one additional school based health center.
4. Entered into interagency agreement with Department of Education that allows LaCHIP outreach and education about the benefits and processes.
5. Contracted for "Walkers and Talkers Enrollment Initiative" in four parishes.
6. Participated in fiscal intermediary provider training workshops to inform providers.
7. Hired Spanish-language in-house translator to translate materials and attend outreach opportunities.
8. Awarded 6-month grant to conduct outreach to Hispanic community in metropolitan New Orleans.
9. Provided programs and materials for meetings with Annual 100 Black Men Conferences, Louisiana Chapter National Conference of Black Mayors, Inc., Native American tribal gatherings, and faith-based organizations.
10. Provided informational packets to headquarters of American, United, U.S. Airways, and Delta airlines following the September 11 tragedy.

F. Eligibility determination process

1. Self-declaration of voluntary child support income accepted.
2. EZ Notice software revised August 2001 with additional information for notices.

G. Eligibility redetermination process

1. Follow-up telephone calls to families that do not return redet forms timely.
2. Cases held until deadline when redet forms or verification not received timely.
3. Supervisory approval required for closure.
4. Renewal "flyers" mailed to families.
5. "Renewal Notice" stamped on outside envelope.
6. Notice of Continued Eligibility letters mailed at recertification
7. Revised redet form to be more user-friendly
8. Ex-Parte renewals for some recipients

H. Benefit structure NC

I. Cost-sharing policies NC

J. Crowd-out policies

Ninety-day waiting period for families who voluntarily dropped their private health

insurance was eliminated based on the January 2001 clarification of the federal rules. Children that were identified as being denied coverage due to this reason but were otherwise eligible, were certified including retroactive coverage when applicable.

K. Delivery system NC

L. Coordination with other programs (especially private insurance and Medicaid) - NC

M. Screen and enroll process NC

N. Application

Revised January 1, 2001 to change the income chart and language preference (English/Spanish/Vietnamese) recognition by asking, "What language do you speak best? What language do you write best?" Also, only identifying information for children under age 19 and their parents or caregivers instead of all family members is now required. Included on the application form were response boxes for answering the question, "Where did you hear about LaCHIP?" A more comprehensive list of covered services was included on the tear-off flyer.

Revised April 1, 2001 to refine the language preference question to "What language do you prefer?" The income chart was also updated.

The simplified LaCHIP Application form is available through the toll free hotline, parish Medicaid offices, Certified Application Centers, and can be downloaded from the Internet.

O. Other - NC

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered, low-income children.

A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.
The net reduction in the number of uninsured children in Louisiana since 11/98 is 159,609. As of September 2001 there were 411,834 children under age 19 enrolled in Title XIX and 63,046 enrolled in Title XXI. The total (Title XIX and Title XXI) under the age of 19 as of September 2001 is 474,880. (See Chart #1)

B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

HCFA 64-21E reports a total of 53,147 children enrolled in LaCHIP at the end of FFY01. The total net increase in LaCHIP Title XXI for FFY 2001 is 55,958 based on LMMIS monthly reports. LaCHIP Title XXI enrollees since the program began in November 1998 increased to 63,046 as of the end of September 2001 and the net increase for Title XIX since LaCHIP outreach and enrollment begin in 1998 is 96,563. These numbers are derived from monthly reports which are generated from LMMIS and which report the net increase each month for both LaCHIP and Medicaid children enrolled. This is then compared to the number children that were enrolled in Medicaid prior to implementation of LaCHIP in November, 1998.

C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

The lag between experience and reflection in CPS data makes this difficult to detect in CPS data. We will be contracting in the next fiscal year with Dr. Kenneth Thorpe, Emory University, to assist us in analyzing the Census 2000 numbers and what these reveal in regard to updating estimates of remaining uninsured children. We are also requesting funding for a state-specific survey in the next fiscal year.

D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

__X__ No, skip to 1.3
___ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.*

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Reduce the number of uninsured children under 150% FPIG and under 200% effective Jan 2001.	Reduce the number of children by _____	Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
Continue to simplify the intake process for Title XIX and Title XXI.		Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Increase awareness of the availability of health coverage through outreach.	Fully implement outreach plans and provide information & training to School Based Health Centers.	Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
Pending data-will submit addendum		Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
Increase KidMed screening for insured children.	Pending data - will submit addendum when received	Data Sources: Methodology: Progress Summary:
Increase outreach to minority groups.	Spanish outreach materials designed and distributed. Black Mayors Conferences.	Data Sources: Methodology: Progress Summary:

Objectives Related to Use of Preventive Care (Immunizations, Well-Child Care)

KidMed

The KidMed contractor, Birch and Davis, provides outreach to certain targeted groups of eligibles to increase the utilization of KidMed screening services to these groups:

1) Child Immunization status
b. Adolescent Immunization Status
c. Annual Dental Visit
d. Availability of Language Interpretation Servies
e. Well-Child Visits in the First 15 Months of Life
f. Well-Child Visits in the Third, Fourth, Fifth and Sixty Year of Life
g. Adolescent Well-Care Visit
h. Children's Access to Primary Care Practitioners

Data Sources: Specially Requested Reports from LMMIS
Methodology: Medicaid HEDIS 2000 List of Measures
Progress Summary: Reports were delayed but are expected to be received by January 7, 2002 after which an addendum to this report will be submitted.

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

Section 2. Areas of Special Interest

2.1 Family coverage: (NA)

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated

with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

Number of adults_____
Number of children_____

C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in: (NA)

A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

Number of adults_____
Number of children_____

2.3 Crowd-out: (N/A based on January, 2001 final regulations because Louisiana provides coverage through Medicaid program)

A. How do you define crowd-out in your SCHIP program?

B. How do you monitor and measure whether crowd-out is occurring?

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

1. Back-To-School Campaign

The most effective outreach conducted was the "Back-To-School" Campaign on August 11, 2001. Governor M.J. "Mike" Foster, Jr. officially proclaimed it "LaCHIP Day" to raise the awareness and availability of health insurance coverage for uninsured Louisiana children under the age of 19. Partnerships were formed with Wal-Mart Discount Stores, Covering Kids Initiative, Agenda for Children, HeadStart, Department of Education, LA Safety Kids, police and sheriff departments, ambulance companies, Louisiana National Guard, college students, Smoothie King, local radio and television stations, and various clubs and organizations. A total of eighty-five (85) agencies participated in the event.

To increase enrollment, informational booths were set up in eighty-five (85) locations throughout the state to distribute application forms/information, promotional items, and giveaways. LaCHIP Outreach Coordinators and voluntary staff solicited community support, acknowledgment, and participation by donations of food, drink, door prizes, and/or providing some type of on-site community service of interest on the day of the event. The news media in some areas provided coverage before, during, and after the event. Representatives from "Covering Kids", a national health access initiative for low-income, uninsured children sponsored by the Robert Wood Johnson Foundation, assisted with the campaign by conducting press conferences, communicating regularly with the Wal-Mart regional representative and LaCHIP Regional Outreach Coordinators, and providing banners and door prizes.

Seventy four (74) locations furnished an area to conduct outreach inside and/or outside the store, tents, chairs, refreshments, door prizes, props, and other types of donations. Of the 85 sites, 74 were Wal-Mart Discount Stores. A total of 472 DHH staff members conducted on-site outreach.

Key points focused on during this campaign were:

* Health coverage is a priority - Healthy children learn better.
* Preventative health care is important and is covered by LaCHIP.
* No premium, no deductions, no co-payments - no cost for the family.
* LaCHIP is for working families - tax dollars at work when they are unable to access or afford private insurance for their children.

The success of the Back-To-School campaign was primarily due to the

partnership between the Medicaid staff and the community partners and their work to get the message out about LaCHIP. Since the community partners understood the benefits of LaCHIP both for their employees, members, and customers, they were more willing to cooperate and assist in promoting the availability and information about LaCHIP.

Effective outreach activities are evidenced by the drastic increase in the number of calls made to the toll free line during August 2001. Seventy six percent (76%) of the 8,221 calls made to the LaCHIP toll number were requests for application forms and can be attributed to the direct result of the statewide Back-To-School Campaign on August 11, 2001.

2. **LaCHIP Income Flyers distributed in Schools with assistance of Covering Kids Initiative**

For the third consecutive year the LaCHIP income flyers, (provided by Covering Kids Initiative), were provided all public schools and many parochial schools. The flyers were attached to the free lunch application form and distributed to all school aged children in Louisiana at the beginning of the school year.

After an evaluation of this practice, it was determined that by attaching the flyer to the free lunch application, the parent(s) may associate LaCHIP with receiving free lunch for their child(ren). Since a family could be over the income limit for free lunch but still be eligible for LaCHIP/Title XIX, it was decided that next school year, instead of the flyer being attached to the free lunch application, it could be a "stand-alone" flyer or could be attached to the child's "emergency" card. This change would also eliminate any stigma the parent(s) may have assumed by associating LaCHIP with the free lunch program.

3. School Based Health Center "Application Assistor's Training"

A special, LaCHIP "Application Assistor" training was conducted for one (1) School Based Health Center during this FFY, bringing the total number of School Based Health Centers who have received this special training to nine (9) centers that cover seventeen (17) schools.

4. **Cooperative Endeavor with Department of Education**

An Interagency Agreement between Medicaid and the Louisiana Department of Education was made to provide coordination and technical assistance for

school health activities. Examples of the types of outreach that the Medicaid agency is to conduct are:

- Coordinate LaCHIP outreach activities in Louisiana's public schools.
- Conduct semi-annual training in LaCHIP policy and procedures for school nurses.
- Develop an orientation package for new school nurses and develop exhibits on LaCHIP for school or community health fairs.
- Provide training on Medicaid Covered Services, especially EPSDT services and procedures for accessing these services, KidMed, and Community Care.

5. Contract for outreach by LaPAT (Louisiana Parents as Teachers)

A three (3) month contract between DHH and the Louisiana Parents as Teachers (LaPAT) for a rural "Walkers and Talkers Enrollment Initiative" provided special outreach and enrollment for children of rural/small town, poor, low-income, and at-risk families in the rural Central Louisiana Delta communities of St. Landry, Acadia, and Rapides parishes, and rural southwestern Louisiana- Lafayette parish.

These families are welfare reform families who are disadvantaged economically, educationally and socially, with little or no family support systems or transportation.

6. **Provider Workshops**

For the second year, Outreach Coordinators presented LaCHIP training and outreach materials to Medicaid providers participating in the annual Provider Workshops conducted by the state fiscal intermediary, Unisys. Presentations, informational packets, and time for questions and answers provided substantial information to enable providers to understand the benefits available to their patients.

7. **In-house translator**

The agency hired an in-house translator in June 2001 to assist with outreach to the Spanish speaking families by translating outreach materials and Notices of Decision to Spanish. Verbal communication with Spanish speaking families about LaCHIP and the importance of health care coverage and prevention provided a more user-friendly approach to families unfamiliar

with the agency. Application and redetermination forms have been translated into Spanish, and she has participated in several outreach activities.

8. **Grant to Hispanic Apostolate - Diocese of New Orleans for outreach to the Hispanic community**

A six (6) month grant was awarded to the Hispanic Apostolate-Diocese of New Orleans to conduct outreach in the Hispanic community of the New Orleans Metropolitan area to increase the enrollment of Hispanic children in the LaCHIP program. Activities will include:

- Assist applicants with LaCHIP application completion.
- Ensure that all documentation necessary for enrollment is submitted timely.
- Conduct "door-to-door" enrollment in areas of high concentration of Hispanic families.
- Coordinate outreach and enrollment activities with the churches of all denominations presently offering Hispanic ministries.
- Coordinate outreach activities and efforts to reach out to the community using contacts in the public school system, non-profit human services providers, Hispanic social clubs and organizations, the Hispanic Chamber of Commerce of Louisiana, and professional associates such as the Hispanic Medical Association.
- Advertise on two (2) Spanish radio stations and periodically appear on the only local Spanish talk show, "De Todo Un Poco".
- Use Spanish and English written publications to advertise and inform the community of the benefits of LaCHIP and how to enroll.
- Participate in annual Spanish festivals and events to enroll and provide LaCHIP information to the public.

It is expected that the Hispanic Apostolate outreach will increase the enrollment of uninsured Hispanic children by 600. A report of the effectiveness of this strategy will be reported in the next report.

9. Provided informational materials for cooperating groups

Provided programs and materials for meetings with Annual 100 Black Men Conferences, Louisiana Chapter National Conference of Black Mayors, Inc., Native American tribal gatherings, and faith-based organizations.

10. **Disaster relief**

In response to the September 11, 2001 events, informational packets were sent to the corporate headquarters of American, United, U.S. Airways, and Delta airlines.

B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

1. Hispanic/Latino Communities

Approximately 2.4% of the population of Louisiana is of Hispanic or Latino origin. The state has utilized the interpretative Language Line for verbal translation purposes. During the past year, the state employed an in-house translator to prepare written materials and to participate in outreach activities where a significant attendance of Spanish-speaking persons was anticipated. Spanish-language application and redetermination forms have been printed and the employee has interacted with Spanish-speaking attendees at several outreach functions.

Since outreach to the Hispanic/Latino community is most successfully accomplished when the message is delivered personally from someone they trust, the state has recently awarded a grant to the Hispanic Apostolate-Diocese of New Orleans to conduct outreach activities in the Hispanic community situated in the metropolitan New Orleans area. Since the grant period has not yet begun, the effect of this effort will be reported in the next annual report.

2. **Rural Residents**

A three (3) month contract between DHH and the Louisiana Parents as Teachers (LaPAT) for a rural "Walkers and Talkers Enrollment Initiative" provided special outreach and enrollment for children of rural/small town, poor, low-income, and at-risk families in the rural Central Louisiana Delta communities of St. Landry, Acadia, and Rapides parishes, and rural southwestern Louisiana- Lafayette parish. These families are welfare reform families who are disadvantaged economically, educationally and socially, with little or no family support systems or transportation.

3. **Other minorities**

Other special outreach programs and materials were prepared for various organizations which include - Annual 100 Black Men Conferences, Louisiana Chapter National Conference of Black Mayors, Inc., Tribal gatherings, and faith-based organizations.

4. **Response to September 11, 2001 tragedy**

In response to the September 11, 2001 events, informational packets were sent to the corporate headquarters of American, United, U.S. Airways, and Delta airlines.

C. Which methods best reached which populations? How have you measured effectiveness?

The most effective outreach strategies in reaching the uninsured children has been through the public school systems. (Parent Teachers Associations, School Based Health Centers and school nurses, parish school boards, school principals, coaches, nutritionists, school fairs, festivals, and sporting events.) See the attached "Origination Points of LaCHIP Applications" chart for documentation of referral sources.

2.5 Retention:

A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

1. **Examination of obstacles**

a. In October 2000, Medicaid Quality Control policy was implemented to measure the impact of reducing enrollment obstacles and to focus on outreach/retention and simplifying the enrollment process.

b. The state has been unsuccessful in attempts to capture complete data about the reasons why households choose not to renew eligibility. Some reasons are: the parents believe their income is now over the limit, they have other health insurance coverage, they are unhappy with the program, or the only eligible child is incarcerated. The state has contracted with Assessment Research Associates, Inc. to provide a complete assessment of the LaCHIP/Title XIX renewal process to determine the actual number of families failing to renew eligibility

and to identify ways to increase the re-enrollment rate. The results of this assessment will be reported in the next report.

2. **Procedural changes at redetermination**

a. A follow-up attempt is made by telephone to the family if the renewal form is not received. Communication with the families has provided an opportunity to emphasize the importance of preventive health care and the need for continuing health coverage. This also gives the families an opportunity to express concerns and ask questions to clarify problems they may have had during the past year.

b. Closure for non-receipt of verification or the renewal form is held until cut-off to allow additional response time.

c. LaCHIP closures are subject to supervisory review prior to taking action.

3. **Documentation reduction**

Verification of voluntary child support is no longer required, unless questionable.

4. **Simplified correspondence**

a. In May 2001, the simplified renewal form was revised to be more user-friendly. One major change is that it will no longer be necessary to list household members unless a new family member is requesting assistance.

b. Field testing of materials by Maximus - The Center for Health, Literacy, and Communications Technologies. The use of plain language and writing user-friendly applications, decision notices, and informational materials has increased public and consumer knowledge of the agency's programs and services. Medicaid has strived to develop and design written materials that are clear, simple, and easy to understand. Louisiana was one of thirty-seven states to submit SCHIP application forms, decision notices, and outreach materials for field testing of the readability.

Beginning February 2001, Louisiana became involved in a field testing project of SCHIP application forms and materials, with

Maximus, "Innovations in Communication: Simplifying Medicaid/SCHIP Enrollment and Retention Forms"(SMERF). In March 2001, citizens from the New Orleans area who qualified for participation in the testing were paid for their time, childcare, and travel in exchange for their participation in the program.

Research data and information obtained from the results of the nationwide field testing has been practical and valuable in the design and development of LaCHIP materials.

c. The computer-based eligibility notice system, EZ Notice, was updated during August 2001 to automatically select the correct person and tense, making decision notices easier to read and comprehend. Information added to the notices include: the plastic Medicaid "swipe" care, renewal information, reminder about responsibilities, retroactive reimbursement information, EPSDT information was increased, and the telephone number of the nearest legal aide office was added.

5. **Notice of continued eligibility**

Continued eligibility notices are now mailed to the families at successful re-enrollment. A "Renewal Notice" form was issued in August 2001 to notify the family of successful re-enrollment and of continuing health insurance coverage. (See BHSF Form 18-R and renewal forms)

6. **Education regarding re-enrollment**

Re-enrollment information has been included on flyers, posters, and informational material.

7. **Tracking renewals/disenrollments**

A modification in the method of tracking renewals was made which allows specific information on a "person basis" rather than a "case basis".

Another improvement made was the additional tracking of disenrolled children which was accomplished by establishing specific closure codes to the Medicaid eligibility database. The new closure codes are: 1) Failure to Return Renewal Form, 2) Failure to Provide Essential Verification, and 3) Did Not Return Renewal Form.

8. **Regional Renewal Projects:**

Some regions have found it difficult to contact families by telephone since most of the LaCHIP families are working families, the majority of the attempts to contact the family by telephone during office hours were not successful. During a brief period in June 2001, paid overtime was approved for staff to work on renewal projects. This permitted evening and weekend contacts with the families. Although there was a significant number of families who could not be contacted because of disconnected telephones, no phones, or unanswered phone messages, many families were reached. The main responses given for not returning renewal forms were: Forgot/lost, didn't receive the form, now have private insurance, thought was over the limit because earnings increased.

Region 3: Conducted an informal survey of 100 household to determine the reason for disenrollment. Sixteen percent of the families contacted indicated they had obtained other health insurance, several others said their income had increased and they were ineligible, and others stated they were just not interested.

Region 6: The Alexandria region has found that sending only the renewal form with no request for information has increased the return rate. Once the completed renewal form is received, a review of the case record determines if verifications are needed. An average of only 30% of the families required an additional contact.

Region 8: Due to the lack of response from the renewal questionnaires mailed to the families. "Address Service Requested" line was added to the return address. Over half of these were returned by the postal service with the current addresses. Because of the success of this procedure, it has been incorporated into that region's renewal process.

Region 9: Reminder flyers were designed and are sent with renewal forms in envelopes with a colored LaCHIP label and "Renewal Form Enclosed" to draw attention to the contents.

9. **"Re-Enrollment Outcomes Report" implemented**

A new "Re-Enrollment Outcomes Report" was designed to provide a summary of re-enrollment outcomes for individual children due for renewal.

In the past, all tracking was conducted on a case basis rather than a person basis.

LaCHIP Renewal Project

Month	Children	12 Month Renewal	< 12 Month Renewal	Expired	Closed
Mar 2001	2,776	1,227	178	205	1,166
Apr 2001	2,485	1,185	140	167	993
May 2001	2,638	1,216	160	148	1,114
June 2001	2,642	1,268	141	125	1,108
July 2001	4,031	2,033	416	260	1,322
Aug 2001	4,219	2,324	347	247	1,301
Sept 2001	4,310	2,395	423	170	1,322
Totals	**23,101**	**11,648**	**1,805**	**1,322**	**8,326**

B. What special measures are being taken to re-enroll children in SCHIP who disenroll, but are still eligible?

__X__ Follow-up by caseworkers/outreach workers
__X__ Renewal reminder notices to all families
__X__ Targeted mailing to selected populations, specify population Families due for re-enrollment
__X__ Information campaigns
__X__ Simplification of re-enrollment process, please describe _____
_____ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe_____
_____ Other, please explain_____

C. Are the same measures being used in Medicaid as well? If not, please describe the differences.

Yes, the same measures are being used for Medicaid.

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

Diversities within the regions and at community levels direct the re-enrollment

process to some degree, however, the most effective tools used by caseworkers has been the follow-up telephone contacts and reminder notices mailed to families prior to renewal.

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

None at this time - planned study by Assessment

2.6 Coordination between SCHIP and Medicaid:

A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

Yes.

B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

Since the covered services and 12 month eligibility period is the same for LaCHIP and Title XIX, no additional contact is made with the family. Families are not aware of which category the children are certified. If the parent applies and is approved for cash assistance, the child's eligibility continues with no interruption.

C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

Yes. There are no differences in covered services, application processes, nor materials.

2.7 Cost Sharing: (NA)

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

2.8 Assessment and Monitoring of Quality of Care:

A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

The Department's Quality Management and Program Evaluation Section conducted a LaCHIP/Medicaid Provider Survey in June 2001. A total of 395 surveys were mailed out to participating providers along with instructions for completion of the survey. In an effort to increase the return rate, postage-paid, return-addressed envelopes were included with the surveys. The deadline for returning the survey was indicated, after which time DHH staff entered the results in a database created to collate answers to the survey questions. A total of 48 surveys were returned. This represents a 12.2% return rate.

- 27.1% reported that less than 50 of their pediatric patients are enrolled in LaCHIP/Medicaid
- 12.5% reported that they have 50-150 pediatric patients enrolled in LaCHIP/Medicaid
- 6.3% reported that they have 151-300 pediatric patients enrolled in LaCHIP/Medicaid
- 12.5% reported that more than 300 of their pediatric patients are enrolled in LaCHIP/Medicaid
- 29.2% reported that they did not know how many of their pediatric patients are enrolled in LaCHIP/Medicaid

- 27.1% reported that they had seen less than 50 new Medicaid patients in the last year
- 16.7% reported that they had seen 50-150 new Medicaid patients in the last year
- 12.5% reported that they had seen 151-300 new Medicaid patients in the last year
- 18.8% reported that they had seen more than 300 new Medicaid patients in the last year
- 10.4% reported that they did not know how many new Medicaid patients they had seen in the last year

- 33.3% reported that their practice location is urban
- 52.1% reported that their practice location is rural
- 2.1% reported that their practice location is both urban and rural

- 45.8% reported that their practice specialty is Family Practice
- 2.1% reported that their practice specialty is Internal Medicine
- 12.5% reported that their practice specialty is General Practice
- 18.8% reported that their practice specialty is Pediatrics
- 6.3% reported that their practice specialty is OB/Gyn

- 41.7% reported that they had received LaCHIP information from Medicaid
- 35.4% reported that they had received CommunityCARE information from Medicaid
- 33.3% reported that they had received KIDMED/Early Periodic Screening, Diagnosis, Treatment (EPSDT) information from Medicaid
- 18.8% reported that they had received medical transportation information from Medicaid

- 12.5% reported that they would like to receive information on LaCHIP
- 10.4% reported that they would like to receive information on CommunityCARE
- 8.3% reported that they would like to receive information on KIDMED/Early Periodic Screening, Diagnosis, Treatment (EPSDT)
- 10.4% reported that they would like to receive information on medical transportation

- 25% reported that they had participated in health fairs for children in the past year
- 29.2% reported that they had participated in school functions for children in the past year
- 10.4% reported that they had participated in other types of health promotion/outreach activities* for children in the past year

  *Other types of health promotion/outreach activities specified by respondents:
  2.1% Daycare Initiative
  2.1% Health Promotion
  2.1% KIDMED Day
  2.1% Mailouts

- 2.1% reported "N/A" for participation in health promotion/outreach activities for children in the past year
- 2.1% reported "none at this time" for participation in health promotion/outreach activities for children in the past year

- 37.5% reported that either they or their staff attended Medicaid workshops or training sessions in the last year
- 4.2% reported that the physician had attended Medicaid workshops or training sessions in the last year
- 41.7% reported that office staff had attended Medicaid workshops or training sessions in the last year

- 77.1% reported that it typically takes their patients 0-3 hours to get an appointment for

emergency services

- 4.2% reported that it typically takes their patients 4-6 hours to get an appointment for emergency services
- 2.1% reported that it typically takes their patients more than 6 hours to get an appointment for emergency services

- 79.2% reported that it typically takes their patients 0-24 hours to get an appointment for urgent care
- 2.1% reported that it typically takes their patients more than 24 hours to get an appointment for urgent care

- 70.8% reported that it typically takes their patients 1-3 days to get an appointment for routine care
- 10.4% reported that it typically takes their patients 4-21 days to get an appointment for routine care
- 4.2% reported that it typically takes their patients more than 21 days to get an appointment for routine care

- 6.3% reported that it typically takes their patients 1-7 days to get an appointment for 1st and 2nd trimester maternity care
- 4.2% reported that it typically takes their patients 8-10 days to get an appointment for 1st and 2nd trimester maternity care
- 6.3% reported that it typically takes their patients more than 10 days to get an appointment for 1st and 2nd trimester maternity care

- 12.5% reported that it typically takes their patients 1-3 days to get an appointment for 3rd trimester maternity care
- 2.1% reported that it typically takes their patients more than 3 days to get an appointment for 3rd trimester maternity care

- 64.6% reported that their patients typically wait 0-30 minutes from arrival at the office until seen by the physician
- 18.8% reported that their patients typically wait 31-60 minutes from arrival at the office until seen by the physician
- 8.3% reported that their patients typically wait more than 60 minutes from arrival at the office until seen by the physician

- 27.1% reported that they are a KIDMED provider
- 14.6% reported that they are a CommunityCARE provider
- 20.8% of KIDMED and CommunityCARE providers reported an increase in well-child visits

- 83.3% reported that they referred Medicaid pediatric patients to a **specialist** in the last 12 months
- 35.4% reported that they referred Medicaid pediatric patients for **eye care** in the last 12 months
- 54.2% reported that they referred Medicaid pediatric patients to an **inpatient hospital** in the last 12 months
- 35.4% reported that they referred Medicaid pediatric patients for **dental care** in the last 12 months
- 22.9% reported that they referred Medicaid pediatric patients for **outpatient care** in the last 12 months
- 35.4% reported that they referred Medicaid pediatric patients for **therapy (O.T., P.T., Speech/Language)** in the last 12 months
- 35.4% reported that they referred Medicaid pediatric patients for **mental health care** in the last 12 months
- 6.3% reported that they had not made referrals for any of their Medicaid pediatric patients in the last 12 months

- 68.8% reported that they receive feedback on referrals they make

- 41.1% reported that they have referred Medicaid pediatric patients for **evaluation for developmental delays**
- 14.6% reported that they have referred Medicaid pediatric patients for **food stamps, cash assistance, etc.**
- 54.2% reported that they have referred Medicaid pediatric patients for **WIC, immunizations**
- 12.5% reported that they have referred Medicaid pediatric patients for **nutritional counseling**
- 41.1% reported that they have referred Medicaid pediatric patients for **evaluation for developmental delays**
- 4.2% reported that they have referred Medicaid pediatric patients for **other supportive services***

***Other supportive services** specified by respondents:
2.1% Homeless to children's home
2.1% Orthopedics

- 27.1% reported that they were experiencing problems with **coordination of care (referrals and feedback)** in the care of their Medicaid patients **- 2.1% specified "lack of orthopedic providers on the Westbank"; 2.1% specified "many MD's won't take Medicaid"; 2.1% specified "mental health"; 2.1% specified "poor feedback"; 2.1% specified "specialist in LaPlace doesn't take Medicaid"**
- 16.7% reported that they were experiencing problems with **continuity of care** in the care of their Medicaid patients
- 8.3% reported that they were experiencing problems with **obtaining necessary diagnostic tests** in the care of their Medicaid patients
- 45.8% reported that they were experiencing problems with **missed appointments** in the care of their Medicaid patients - **2.1% specified "lack of transportation"; 2.1% specified "often"**
- 8.3% reported that they were experiencing problems with **timely remediation of developmental delays** in the care of their Medicaid patients - **2.1% specified "difficulty to get school age kids evaluated"; 2.1% specified "need automatic follow-up from ChildNet"**
- 6.3% reported that they were experiencing **other problems** in the care of their Medicaid patients - **2.1% specified "reimbursement"; 2.1% specified "transportation services"**

- 66.7% reported that their Medicaid patients have experienced **transportation** barriers to coordinated services
- 50% reported that their Medicaid patients have experienced **literacy** barriers to coordinated services
- 18.8% reported that their Medicaid patients have experienced **language and cultural** barriers to coordinated services
- 10.4% reported that their Medicaid patients have experienced **sensory impairment (sight, hearing)** barriers to coordinated services
- 12.5% reported that their Medicaid patients have experienced **no** barriers to coordinated services

- 41.7% reported that they conducted health education on **drug use**

- 52.1% reported that they conducted health education on **tobacco use**
- 39.6% reported that they conducted health education on **alcohol use**
- 43.8% reported that they conducted health education on **family planning**
- 47.9% reported that they conducted health education on **STD's**
- 56.3% reported that they conducted health education on **diabetes**
- 58.3% reported that they conducted health education on **asthma**
- 52.1% reported that they conducted health education on **nutrition**

- 70.8% reported that they provided their patients/care givers with educational materials related to drug use, tobacco use, alcohol use, family planning, STD's, diabetes, asthma, and nutrition

- 16.7% reported that they had contacted Medicaid staff with a complaint, concern, or problem about the Medicaid program.
- **Dates of contacts:** 2.1% - October 1, 2000; 2.1% - February 1, 2001; 2.1% - May 1, 2001; 2.1% - June 5, 2001
- **Who was contacted:** 6.3% contacted the Parish Office; 6.3% contacted State Office; 10.4% contacted UNISYS; 4.2% contacted Birch& Davis
- **Nature of the problem:** 12.5% - Billing; 6.3% - Policy; 8.3% - Eligibility; 4.2% - Other (2.1% specified "regulated LaCHIP application. Gave us 10; 2.1% specified "transportation")

- 6.3% reported that their complaint, concern, or problem was handled satisfactorily

- 10.4% rated the **quality of written materials** as **"excellent"**
- 33.3% rated the **quality of written materials** as **"very good"**
- 27.1% rated the **quality of written materials** as **"good"**
- 12.5% rated the **quality of written materials** as **"fair"**

- 6.3% rated Medicaid's **ability to answer questions** as **"excellent"**
- 29.2% rated Medicaid's **ability to answer questions** as **"very good"**
- 31.3% rated Medicaid's **ability to answer questions** as **"good"**
- 6.3% rated Medicaid's **ability to answer questions** as **"fair"**
- 10.4% rated Medicaid's **ability to answer questions** as **"poor"**

- 4.2% rated **ease in contacting Medicaid** as **"excellent"**
- 22.9% rated **ease in contacting Medicaid** as **"very good"**
- 35.4% rated **ease in contacting Medicaid** as **"good"**
- 8.3% rated **ease in contacting Medicaid** as **"fair"**
- 10.4% rated **ease in contacting Medicaid** as **"poor"**

- 6.3% rated **claims processing documentation requirements** as **"excellent"**
- 25.0% rated **claims processing documentation requirements** as **"very good"**
- 29.2% rated **claims processing documentation requirements** as **"good"**
- 10.4% rated **claims processing documentation requirements** as **"fair"**
- 4.2% rated **claims processing documentation requirements** as **"poor"**

- 8.3% rated **claims processing timeliness of payment** as **"excellent"**
- 29.2% rated **claims processing timeliness of payment** as **"very good"**
- 29.2% rated **claims processing timeliness of payment** as **"good"**
- 10.4% rated **claims processing timeliness of payment** as **"poor"**

- 4.2% rated **claims processing assistance with billing problems** as **"excellent"**
- 27.1% rated **claims processing assistance with billing problems** as **"very good"**
- 27.1% rated **claims processing assistance with billing problems** as **"good"**
- 4.2% rated **claims processing assistance with billing problems** as **"fair"**
- 10.4% rated **claims processing assistance with billing problems** as **"poor"**

- 6.3% rated **overall satisfaction with the Medicaid program** as **"excellent"**
- 29.2% rated **overall satisfaction with the Medicaid program** as **"very good"**
- 27.1% rated **overall satisfaction with the Medicaid program** as **"good"**
- 8.3% rated **overall satisfaction with the Medicaid program** as **"fair"**
- 6.3% rated **overall satisfaction with the Medicaid program** as **"poor"**

- 66.7% reported that they were Board Certified
- 27.1% reported that they were Board eligible

- 47.9% have been in practice less than 10 years
- 27.1% have been in practice 10-20 years
- 18.7% have been in practice 21-30 years

- 6.3% have been in practice more than 30 years

B. What processes are you using to monitor and assess quality of care received by LaCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment, and dental and vision care?

The Department's Quality Management and Evaluation Section is continuing to capture data with respect to well-baby care, well- child care, immunization, mental health, substance abuse counseling and treatment, and dental and vision care. The results for this reporting period are compared to those established during the previous reporting periods, national norms, and similar Medicaid populations such as CHAMP (poverty-related children). FFY01 quality indicator data has not yet been received, but is expected within the next two weeks. Thus, an addendum of this access and quality of care data will be submitted upon receipt of the awaited data.

Data being collected with reference to the following:
Mental Health Services Access,
Mental Health Facility Provider Counts,
Selected Primary Care Visits (Office or Other Outpatient Primary Care Visit),
Selected Primary Care Visits (Laboratory Services)
Selected Primary Care Visits (Technical and Professional Radiology Services),
Preventive Screening Visits (Dental Screen),
Preventive Screening Visits (Hearing Screen),
Preventive Screening Visits (Vision),
Preventive Screening Visits (Lead Screen),
Preventive Screening Visits (Anemia Screen),
Preventive Screening Visits (TB Screen),
Preventive Screening Visits (Pap Smear -Cervical Screen),
Preventive Screening Visits (Chlamydia Screen),
Preventive Screening Visits (Syphilis Screen), and
Preventive Screening Visits (Gonorrhea Screen).

The Department's Quality Management and Evaluation section is also in the process of completing a Quality Improvement Study in reference to Access to Care. The data required to complete the study, though received, has not been fully reviewed and finalized in report format. This will be submitted in the next reporting period.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

A. Eligibility:

Phase III provided eligibility to children from 150% to 200% FPL.

B. Outreach:

The Back-To-School Campaign generated 8,221 telephone calls during the month of August 2001 and contributed to increase in total enrollment.

C. Enrollment - Enrollment goal of Phase 3 has not yet been reached but is expected to be in early FFY02.

D. Retention/disenrollment

Numerous changes described in Section 2.5 have been implemented to encourage re-enrollment.

E. Benefit structure NC

F. Cost-sharing NC

G. Delivery system The state has submitted a 1915(b) waiver to enroll all LaCHIP children (as well as other Medicaid eligibles) into a primary care case management system of care beginning in March, 2002. This will be phased in by region and full implementation will not be achieved until December 2003. A voluntary capitated program is also being developed for implementation in Orleans parish in early 2003.

H. Coordination with other programs NC

I. Crowd-out

90-day waiting period was removed per final regulations in January, 2001 that eliminated penalties in states that provide coverage as a Medicaid expansion..

J. Other: NC

SECTION 4: PROGRAM FINANCING

4.1 Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002*	Federal Fiscal Year 2003*
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles			
Fee for Service	$46,890,888	$212,604,290	$233,864,719
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs			
Administration Costs	$3,127,085	$5,307,804	$5,838,584
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs			
10% Administrative Cost Ceiling			
Federal Share (multiplied by enhanced FMAP rate)			
State Share			
TOTAL PROGRAM COSTS	$50,017,973	$217,912,094	$239,703,303

* Based on preliminary reports and assuming implementation of expansion to cover parents (< 50% FPL) and pregnant women (185-200% FPL)which is dependent on legislative appropriation.

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001.

NA

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

__X__ State appropriations

_____County/local funds
_____Employer contributions

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

Not at this time.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	LaCHIP (Louisiana Children's Health Insurance Program	
Provides presumptive eligibility for children	__X__No _____Yes, for whom and how long?	_____No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No __X__Yes, for whom and how long? 3 mos.	_____No _____Yes, for whom and how long?
Makes eligibility determination	__X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____
Average length of stay on program	Specify months_____	Specify months _____
Has joint application for Medicaid and SCHIP	_____No __X__Yes	_____No _____Yes
Has a mail-in application	_____No __X__Yes	_____No _____Yes
Can apply for program over phone	_____No __X__Yes but signature required/return by mail	_____No _____Yes
Can apply for program over internet	_____No __X__Yes Application form available -to be mailed in	_____No _____Yes
Requires face-to-face interview during initial application	__X__No _____Yes	_____No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	__X__No _____Yes, specify number of months _____ What exemptions do you provide?	_____No _____Yes, specify number of months _____ What exemptions do you provide?
Provides period of continuous coverage <u>regardless of income changes</u>	_____No __X__ Yes, specify number of months __12__ Explain circumstances when a child would lose eligibility during the time period (leaving the state, aged out)	_____No _____Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Imposes premiums or enrollment fees	__X__No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____	_____No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____ _____
Imposes copayments or coinsurance	__X__No _____Yes	_____No _____Yes
Provides preprinted redetermination process	__X__ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	_____ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

An actual application form must be completed and signed when the family applies for LaCHIP coverage and an ex-parte redetermination may be done at renewal.

The following procedural changes have been made to the renewal process:

1. Prior to LaCHIP/CHAMP case closures a supervisory review is conducted.
2. A follow-up attempt is made by telephone to the family if the renewal form is not received.
3. Closures for non-receipt of verification or the renewal form is held until cut-off to allow additional response time.

In May 2001, the simplified renewal form was revised to be more user-friendly. One of the major changes is that is no longer necessary for the family to list household members unless a new family member is requesting assistance. Continued eligibility notices are now mailed to the families at successful re-enrollment and re-enrollment information has been added to flyers, posters, and informational material.

More comprehensive tracking of disenrolled children was accomplished by the addition of specific closure codes to the Medicaid eligibility database that will identify: Failure to Return Renewal Form, and Failure to Provide Essential Verification.

A new "Re-Enrollment Outcomes Report" was designed for statistical purpose to provide a summary of re-enrollment outcomes for all children due for renewal. In the past, all tracking was conducted on a case basis rather than a person basis.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 **As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group?** If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Phase I (11/1/98) (<133% FPL)
133% of FPL for children under age 5
100% of FPL for children aged 6-18 (born on or after 10/1/83)

Phase II (11/1/99)(> 133% but < 150% FPL)
Medicaid SCHIP Expansion
150% of FPL for children under age 19

Phase III (1/1/2001)(> 150% but < 200% FPL)
200% of FPL for children aged 0-19

6.2 **As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income?** *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Table 6.2 Disregards & Deductions	Title XIX Child Poverty-related Groups	Title XXI Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	$90 for each employed	Same	$
Self-employment expenses	Expenses assoc w/cost of providing the income	Same	$
Alimony payments Received	$ N/A	Same	$
Paid	$N/A	Same	$
Child support payments Received	$50	Same	$
Paid	Actual pymt up to court ordered amount	Same	$
Child care expenses	$200 child < 2 yrs $175 child=2+yrs	Same	$
Medical care expenses	$	Same	$
Gifts	$	Same	$
Other types of disregards/deductions (specify)	N/A	Same	$

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)
____ Yes **X** No
If yes, please report rules for applicants (initial enrollment).

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

_X__No ___Yes, specify countable or allowable level of asset test_____

Medicaid SCHIP Expansion program

_X___No____Yes, specify countable or allowable level of asset test_____

Separate SCHIP program

____No____Yes, specify countable or allowable level of asset test_____

Other SCHIP program_____

____No____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2001? ___ Yes _X_ No

No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002(10/1/01 through 9/30/02)? Please comment on why the changes are planned.

- Family coverage
- Employer sponsored insurance buy-in
- 1115 waiver - Louisiana intends to pursue coverage of parents of LaCHIP and Medicaid eligible children with family income less than 50% of the federal poverty level; and pregnant women in families with income greater than 185% FPL but less than 200% FPL, if funding for state match becomes available.
- Eligibility including presumptive and continuous eligibility
- Outreach: Region VI - Small business owners
- Enrollment/redetermination process - continue to implement changes indicated by research
- Contracting - state-specific survey regarding health insurance coverage, if funded
- Other